

Teaching Science through Reading

October 23, 2001

Please print or type clearly:

Last Name _____ First Name _____ MI _____

Home

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

U.S. Citizen ☐ yes ☐ no (if no, please attach copy and or fax copy of Visa, Green Card or Passport)

School _____

Address _____

City _____ County _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Principal's Name _____

Your Position: ☐ Teacher ☐ Administrator ☐ Other (explain _____)

School Type (mark all that apply): Rural ☐ Urban ☐ Suburban ☐ Public ☐ Private ☐ Magnet ☐

Teaching Assignment(s): Please circle all that apply: K 1 2 3 4 5 6 7 8 9 10 11 12

Subject Area(s): ☐ Science ☐ Math ☐ Self-contained ☐ Technology ☐ Other (Explain)

Years in Teaching: _____

Have you participated in other NASA Programs: ☐ yes ☐ no

If yes, which ones: _____

How did you learn of this workshop: ☐ mail ☐ internet ☐ colleague ☐ other: _____
(explain)

Are you willing to have your name and school information included in a roster for distribution to other workshop participants? ☐ yes ☐ no

Return to: Marge Lehky ,
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